

2002-2003 Renewal Application for the LAW ENFORCEMENT PERSONNEL DEPENDENTS GRANT PROGRAM

SECTION I: STUDENT INFORMATION (Please print or type)

Last Name	First Name	Middle Initial	Social Security Number	
Street Address	City		State	Zip Code
Date of Birth	Gender <input type="checkbox"/> (1) Male <input type="checkbox"/> (2) Female		Telephone Number ()	

SECTION II: SCHOOL INFORMATION (Please print or type)

Name of the school you will attend during 2002-2003 :	The number of units you have completed to date: _____ <input type="checkbox"/> Semester OR <input type="checkbox"/> Quarter Units
Your college educational level for the 2002-2003 academic year will be: <input type="checkbox"/> (1) Freshman <input type="checkbox"/> (2) Sophomore <input type="checkbox"/> (3) Junior <input type="checkbox"/> (4) Senior/continuing Undergraduate <input type="checkbox"/> (5) 5th Year Undergraduate <input type="checkbox"/> (6) Graduate or Professional	Indicated below are the number of units you plan to enroll in each term during the 2002-2003 academic year: <div style="text-align: right;"> Fall Term _____ Winter Term _____ Spring Term _____ </div>
Your living arrangements for the 2002-2003 academic year will be: <input type="checkbox"/> (1) with parents <input type="checkbox"/> (2) in on campus housing <input type="checkbox"/> (3) in off campus housing <input type="checkbox"/> (4) with relatives	
Are you attending a <u>CSU</u> or <u>UC</u> university and receiving benefits from the Allen Pattee Program for the 2002-2003 academic year? <div style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	

To be considered for continued participation in the Law Enforcement Personnel Dependents Grant Program, I understand I must submit the following information with this application:

1. My 2002-2003 Student Aid Report (SAR).
2. A copy of my current transcripts.

SECTION V: STUDENT'S SIGNATURE OF UNDERSTANDING AND AUTHORIZATION TO RELEASE INFORMATION

By my signature I certify that I understand and agree to the following:

I am not in default on any state or federally insured educational loan and am free of any obligation to repay any state or federal educational grant.

I declare under penalty of the laws of the State of California and of the United States that this form has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the penalty, under Federal or California State Law, for submission of fraudulent or incorrect information on this form, may be repayment of the grant amount received with interest and additional penalties.

I am giving school official(s), and the California Student Aid Commission authorization to release and receive information concerning my application, educational loans, and student records between institutions and appropriate public and private agencies as required to determine my continued eligibility for the Law Enforcement Personnel Dependents Grant Program.

Signature of Applicant

Date